

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

| | |
|--------------|-------------|
| SERIAL NO. | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | 1 | | 1 | | | |
| 3 | 1 | | 1 | | | |
| 4 | 1 | | 1 | | | |
| 5 | 1 | | 1 | | | |
| 6 | 1 | | 1 | | | |
| 7 | 1 | | 1 | | | |
| 8 | 1 | | 1 | | | |
| 9 | 1 | | 1 | | | |
| 10 | 8 | | 1 | | | |
| 11 | 1 | | 1 | | | |
| 12 | 1 | | 1 | | | |
| 13 | 1 | | 1 | | | |
| 14 | 1 | | 1 | | | |
| 15 | 1 | | 1 | | | |
| 16 | 1 | | 1 | | | |
| 17 | 1 | | 1 | | | |
| 18 | 1 | | 1 | | | |
| 19 | 1 | | 1 | | | |
| 20 | 8 | | 1 | | | |
| 21 | 1 | | 1 | | | |
| 22 | 1 | | 1 | | | |
| 23 | 1 | | 1 | | | |
| 24 | 1 | | 1 | | | |
| 25 | 1 | | 1 | | | |
| 26 | 1 | | 1 | | | |
| 27 | 1 | | 1 | | | |
| 28 | 1 | | 1 | | | |
| 29 | 1 | | 1 | | | |
| 30 | 1 | | 1 | | | |
| 31 | 8 | | 1 | | | |
| 32 | 1 | | 1 | | | |
| 33 | 1 | | 1 | | | |
| 34 | 1 | | 1 | | | |
| 35 | 1 | | 1 | | | |
| 36 | 1 | | 1 | | | |
| 37 | 1 | | 1 | | | |
| 38 | 1 | | 1 | | | |
| 39 | 1 | | 1 | | | |
| 40 | 1 | | 1 | | | |
| 41 | 1 | | 1 | | | |
| 42 | 8 | | 1 | | | |
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| 44 | 1 | | 1 | | | |
| 45 | 1 | | 1 | | | |
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| 47 | 1 | | 1 | | | |
| 48 | 1 | | 1 | | | |
| 49 | 1 | | 1 | | | |
| 50 | 1 | | 1 | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

| * | IND. | DEP. | * | IND. | DEP. | * | IND. | DEP. |
|--------------|------|------|---|------|------|---|------|------|
| 51 | 1 | | | 1 | | | | |
| 52 | 1 | | | 1 | | | | |
| 53 | 8 | | | 1 | | | | |
| 54 | 1 | | | 1 | | | | |
| 55 | 1 | | | 1 | | | | |
| 56 | 1 | | | 1 | | | | |
| 57 | 1 | | | 1 | | | | |
| 58 | 1 | | | 1 | | | | |
| 59 | 1 | | | 1 | | | | |
| 60 | 1 | | | 1 | | | | |
| 61 | 1 | | | 1 | | | | |
| 62 | 1 | | | 1 | | | | |
| 63 | 1 | | | 1 | | | | |
| 64 | 1 | | | 1 | | | | |
| 65 | 8 | | | 1 | | | | |
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| TOTAL IND. | | | | | | | 6 | |
| TOTAL DEP. | | | | | | | 59 | |
| TOTAL CLAIMS | | | | | | | 115 | |